Reasons for imbalance in the number of boys and girls

†2493. SHRIMATI SUSHMA SWARAJ: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to refer to Starred Question 7 given in the Rajya Sabha on the 17th February, 2006 and state:

(a) whether the statistics presented by him says that the number of foeticides in the country is less than even 100;

(b) if so, the reasons for so much imbalance in the number of boys and girls taking birth; and

(c) the details of mechanism adopted to collect the number of the foeticide cases?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) as per the information available from the National Crime Records Bureau, Ministry of Home Affairs, the number of foeticide reported by different States/ Union Territories during 1994 and 2004 were in the range of 35 to 86.

(b) Some of the reasons commonly put forward to explain the consistently low levels of sex ratio are son preference, neglect of the girl child resulting in higher mortality at younger age, female infanticide, female foeticide, practice of dowry, male bias in enumeration of population etc. Easy availability of the sex determination tests and abortion services may also be proving to be catalyst in the process.

(c) The data on foeticide are collected by the National Crimes Record Bureau on monthly and annual basis in the prescribed proforma from the State Crime Records Bureau of all States and UTs. On Monthly basis only the cases of foeticide reported are collected whereas on annual basis comprehensive information about cases of foeticide reported, charge-sheeted, trial completed, convinced and cases pending trial are collected.

Supreme Court directions on two child norm

2494. SHRI SANJAY RAUT: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government have recently received any notice from the Hon'ble Supreme Court regarding implementation of two child norm for containing population growth in the country;

† Original notice of the question was received in Hindi.

(b) if so, what are Government's views and the reaction thereto;

(c) whether any specific time-bound programme has been identified by Government, with the help of experts, to dealt with the population growth in our country; and

(d) if so, the details thererof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) Yes, Sir. The notice of Writ Petition No. 23/2004 filed by the Azadi Bachao Andolan and another *versus* UOI and others in the Hon'ble Supreme Court of India has been received. The Writ Petition is regarding Population growth and implementation of National Population Policy, 2000.

(b) Government considers Population stabilization is a vital and priority issue for the nation. The National Population Policy, 2000 (NPP) seek to promote Family Welfare through responsible and planned parenthood, through voluntary and informed choice of Family Planning method best suited to informed acceptors.

(c) and (d) The Government has launched the National Rural Health Mision (NRHM) on 12th April, 2005 throughout the country with special emphasis on 18 demographically and infrastructurally weaker States. More attention is being paid to these States to provide accessible, affordable, accountable, effective, reliable, and quality primary health care, through creation of a cadre of Accredited Social Health Activities (ASHA), improved hospital care measured through Indian Public Health Standards (IPHS), decentralization of programme to district level to improve intra and inter-sectoral convergence and effective utilization of resources. United funds at the rate of Rs. 10,000/- per sub-centre for all the sub-centres for making ASHA and sub-centres functional to optimal level and funds for up-gradation of Community Health Centres (CHC) to the level of Indian Public Health Standard @Rs. 20 lakh per CHC for two CHCs per district have been released to all States/UTs. The Reproductive and Child Health (RCH-II) taken up under the NRHM envisages providing quality services for meeting unmet demands such as free distribution of condoms. IUD, Insertions, Non-Scalpel Vasectomy (NSV), sterilization etc. with the objective of stablising population growth in the country, especially in these high focus States.